# City of Tempe Spring 2020 K-8TH Flag Football

## **K - 8th Program Location**

Benedict Sports Complex 490 W Guadalupe Rd.

# K-8<sup>th</sup>:

- Football Camp First (2) Weeks of (7) Week Season
- Play Under Stadium Lights
- Remaining Weeks Have Practice Followed by Game

#### Dates & Time:

- 6:00pm 7:30pm
  - **♦ K/1**<sup>st</sup>: Mar. 30<sup>th</sup> May 11<sup>th</sup> (**Mon. Only**)
  - $2^{\text{nd}}/3^{\text{rd}}$ : Mar.  $31^{\text{st}}$  May  $12^{\text{th}}$  (Tues. Only)
  - ♦ **4**<sup>th</sup>/**5**<sup>th</sup>: Apr. 1<sup>st</sup> May 13<sup>th</sup> (**Wed. Only**)
  - ♦ 6<sup>th</sup>-8<sup>th</sup>: Apr. 2<sup>nd</sup> May 14<sup>th</sup> (**Thurs. Only**)

Flag Football Registration Form

## **Course Codes:**

- 65973 K/1st
- 65974 2<sup>nd</sup>/3<sup>rd</sup>
- **65975** 4<sup>th</sup>/5<sup>th</sup>
- 66251-6<sup>th</sup>-8<sup>th</sup>

Early Bird Registration Feb. 17<sup>th</sup> – 23rd Fee \$75!

#### Fee: \$89.00 Per Child

\*\*Scholarships available\*\*

\*\*Must verify enrollment in-state subsidy
program & be a Tempe resident
or child attends a Tempe School

# Registration Opens February 17th!

In person: Monday-Friday, 8am-5pm (Recreation Services 3500 S. Rural Rd. 2<sup>nd</sup> Floor) Fax: 480-350-5058 (Debit or Credit payment only) On-Line: www.tempe.gov/youthsports

Spring 2020

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Participant Name:		Date of Birth		Age Sex	
Address:		APT #	City	Zip	
Parent's Name:		School		Grade (Fall 2019)	
Parent Phone:		Coach/Friend Request:		Previous Participant: Y N	
Secondary Parent's 1	Name	Sec	Secondary Parent's Phone:		
Parent(s) Email:					
Please Circle One:	K/1st: 65973	2nd/3rd: 65974	4th/5th: 65975	6th – 8th: 66251	
understand that all receveration, I agree to per release and hold harml rights and claims for a sponsors for personal in this Class/Activity. I aphysical limitations I participate:  statements. I realize th *Photos may be take	asonable efforts will be a sonable efforts will be a sonable efforts will be a sonable exercise at a sess the City of Temper damages or costs I may njury, death, or proper gree to look to my promight have or modification is a contract between during programs for the sonable efforts.	be extended to insure my hearmy own ability level. I fully use and any of its agents, employ by have against the City of Terry damage suffered by me, or ivate physician for medical accations I might need to the Clam myself and the City of Tempe For City of Tempe Use*	alth and safety. If the orderstand the nature of tees, officers, council members, its agents, emploithat I may cause to othelvice and care and to nass/Activity. I will require I have rease and is a release of Lia	medical insurance for participants. I Class/Activity includes any physical this Class/Activity, and I waive and members, and sponsors for any and all yees, officers, council members, and ters, as a result of my participation in otify my teacher or instructor of any mire the following accommodation to ad and clearly understand the above ability. I sign it of my own free will.	
REQUIRED: Parent or Legal Guardian Signature AND Printed Name			l Name	Date	
Fee: \$ Cr		Signature Authorizing Charg		Exp. Date:	